## PART B - FEE(S) TRANSMITTAL

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maintenance fee notifica	tions.	terwise in Diock 1, by (	a) specifying a new corre	sponuence auntess,	andor (o) muraning a sepe	HARC TEL ADDICESS TO	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619				Certificate of Mailing or Transmission  L bereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Step ISSUE FEE address ahove, or heing facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			Г	Daniella	Crimi	(Depositor's name)	
			_	C kan	olla. Vi	(Signature)	
				February	/3 . 2007	(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/652,507 08/29/2003		Merrick Wetzler 02581-P0518B		2201			
TITLE OF INVENTION: SURGICAL DRILL GUIDE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/15/2007	
EXAMINER A		ART UNIT	CLASS-SUBCLASS	1			
SWIGER II	I, JAMES L	3733	606-096000	-			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.				
Address from P10/SB1/22) attached.  Tee Address" indication (or "Fee Address" indication form PTO/SB1/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of try to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Karl Storz GmbH & Co. KG Germany							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  3 Issue Fee 3 Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is bereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoist Account Number 19—6516. (enclose an extra copy of this form).				
<ol> <li>Change in Entity Sta a. Applicant claim</li> </ol>	tus (from status indicate as SMALL ENTITY state		☐ b. Applicant is no los	nger claiming SMAL	L ENTITY status. See 37 Cl	FR 1.27(g)(2).	
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Authorized Signature	Whit	y		Date <u>Feb</u>	ruary (7, 200	17	
Typed or printed name Wesley W. Whitmyer, Jr. Registration No. 33,558							
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